11 1

WENMM/SB/05 (4-01)32064-5:LSP/ehs:149347, Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
53	UTILITY	Attorney Dock	cet No.	32064-5					
	NT APPLICATION	First Inventor Title Express Mail Label No.		Jonathan Phillips					
<b>=</b> •	RANSMITTAL			PEDIATRIC INTRAMEDULLARY NAIL AND METHOD					
	ovisional applications under 37 CFR § 1.53(b))			EL271150587US					
				Assistant Commissioner for Patents					
≣ O	APPLICATION ELEMENTS	acatanta	ADDRES	S TO: Box Patent Application					
	apter 600 concerning utility patent application	Contents		Washington, DC 20231					
	smittal Form (e.g., PTO/SB/17) n original and a duplicate for fee processing)		7.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
<u> </u>	claims small entity status.		. П	0-1					
	·	26	8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
3. Specificati	ion [Total Pages [_ arrangement set forth below)			a. Computer Readable Form (CRF)					
	scriptive title of the Invention oss References to Related Applications			b. Specification Sequence Listing on:					
- Sta	atement Regarding Fed sponsored R & D	nrogrom ligting		CD-ROM or CD-R (2 copies); or					
app	ference sequence listing, a table, or a computer pendix or computer program listing appendix	program isting		☐ paper Ş <b>☐</b>					
	ckground of the Invention of Summary of the Invention			c Statements verifying identity of above copies					
- Bri	ef Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS						
- Cla	tailed Description aim(s)		9.	Assignment Papers (cover sheet & document(s))					
- Ab	stract of the Disclosure								
			10.	37 C.F.R. § 3.73(b) Statement Power of Attorney (when there is an assignee)					
×	wing(s) (35 U.S.C. 113) [Total Sheets Informal   Formal	10	11.	English Translation Document (if applicable)					
5. Oath or Declaratio	. —	3 ]	12. 🛚	Information Disclosure Copies of IDS					
a. a. b.	_			Statement (IDS)/PTO-1449 Citations					
a.	Newly executed (Unsigned)		13.	Preliminary Amendment					
b.	Copy from a prior application (37 C F.R		14. 🖂	Return Receipt Postcard (MPEP 503)					
<b>1</b>	(for continuation/divisional with Box 18 o	•		(Should be specifically itemized)					
	i. DELETION OF INVENTOR(S)		15. Certified Copy of Priority Document(s)  (if foreign priority is claimed)						
38 ook	Signed statement attached deletin named in the prior application, see		16 Nonpublication Request under 35 LLS C. 122/b\/2\/B\/(i)						
100 m	1.63(d)(2) and 1.33(b).		16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent						
## <u>F</u>			17. Other:						
6 App	lication Data Sheet. See 37 CFR 1.76	''' 🗀							
18 If a CONTINUIN	NG APPLICATION, check appropriate box, and	supply the requisi	te informatior	n below and in a preliminary amendment, or in an Application Data Shee					
under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No: PCT/US00/14840									
Prior application information. Examiner Group / Art Unit:									
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a									
part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRESPONDENCE ADDRESS									
Customer Number or Bar Code Label or Correspondence address below									
(Insert Customer No. or Attach bar code label here)									
Name	Woodard, Emhardt, Naughton, Moriarty	and McNett							
Address	Bank One Center/Tower								
	111 Monument Circle, Suite 3700	· · · · · · · · · · · · · · · · · · ·		T. O. J. 1000 - 100					
Country	Indianapolis Si USA Telephone	ate IN	7) 634-345	Zip Code 46204-5137 66 Fax (317) 637-7561					
Country Name (Print/Type)	L. Scott Paynter	, (31	11 004-040	Registration No (Attorney/Agent) 39,797					
Signature	2 Salahari			Date November 21, 2001					
I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the									
date indicated above and is addressed to the U.S. Patent and Trademark Office, P O Box 2327 Arlington, VA 22202.									
Signature of person mailing paper or fee									
				organizate of person maining paper of lee					

## FEE TRANSMITTAL Filing Date **FOR FY 2001** Patent fees are subject to annual revision.

Complete if Known Application Number New New Jonathan Phillips First Named Inventor Group Art Unit Unknown Hoknown

								aminer Name			Olikilowii			
Total Amount of Payment (\$) 370.00 Attor						At	torney Do	rney Docket Number			32064-5			
METHOD OF PAYMENT								FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:							3. ADDI	3. ADDITIONAL FEES						
Deposit Account Number		23-3030	dit any over	payme	ints to		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
Deposit	F	Woodard	. Emhare	t, N	aughton, Moria	arty &	105	130	205	65	Surcharge - late filing fee or oath			
Account Name McNett							127	50	227	25	Surcharge – late provisional filing fee or cover sheet			
Charge any Additional Fee Required							139	130	139	130	Non-English specification			
Under 37 CFR 1.16 and 1.17							147	2,520	147	2,520	For filing a request for ex parte reexamination			
Applicant claims small entity status See 37 CFR 1.27							112	920*	112	920*	Requesting publication of SIR prior to Examiner			
							113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
2. Payment Enclosed:							115	110	215	55	Extension for reply within first month			
$\square$	Check	Cred	it Card		Money Order	Other	116	400	216	200	Extension for reply within second month			
\$4.00°		FEE	CALCU	LATI	ON		117	920	217	460	Extension for reply within third month			
1. BASIC FILING FEE					118	1,440	218	720	Extension for reply within fourth month					
	Entity	Small	Entity	F	ee		128	1,960	228	980	Extension for reply within fifth month			
Large Fee Code	Fee (\$)	Fee Code	Fee (\$		escription	Fee Paid	119	310	219	155	Notice of Appeal			
101	740	201	370	U	Itility Filing Fee	\$370.00	120	310	220	155	Filing a brief in support of an appeal			
101 106	330	206	165	D	esign Filing Fee		121	270	221	135	Request for oral hearing			
107	510	207	255	Ρ	lant Filing Fee		138	1,510	138	1,510	Petition to institute a public use proceeding			
108	740	208	370		Reissue Filing Tee		140	110	240	55	Petition to revive – unavoidable			
1¶4	160	214	80		Provisional Filing See		141	1,280	241	640	Petition to revive - unintentional			
in in				;	SUBTOTAL (1)	(\$) 370.00	142	1,240	242	620	Utility issue fee (or reissue)			
2. EXTR	A CLA	IM FEES					143	440	243	220	Design issue fee			
			Extra Claims	ı	Fee From Below	Fee Paid	144	600	244	300	Plant issue fee			
Total Claim		-20** =		7	X 0 =	\$0.00	122	130	122	130	Petitions to the Commissioner			
Independen	t 3	-3** =	3	7 ;	× 0 =	\$0.00	123	50	123	50	Petitions related to provisional applications			
Claims Multiple D	epende	nt			=		126	180	126	180	Submission of Information Disclosure Stmt			
							581	40	581	40	Recording each patent assignment per property (times number of properties)			
Large Fee Code	Entity Fee	Fee	Fee	Fee Des	scription		146	710	246	355	Filing a submission after final rejection (37 CFR 1 129(a))			
103	(\$) 18		( <b>\$</b> ) 9	Claim	s in excess of 20		149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))			
102	84	202	42	Indep	endent claims in ex	cess of 3	179	710	279	355	Request for Continued Examination (RCE)			
104	280	204	140	Multip	le dependent claim	n, if not paid	169	900	169	900	Request for expedited examination of a design application			
109	9 84 209 42 **Reissue independent claıms over orıqinal patent													
110	18	210	9	**Reis	ssue claims in exce ver original patent	ess of 20	Other I	Fee (specit	iy)	*************				
		s	UBTOTAL		(\$) 0 00		* Redu	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						
**					non about		_1							

SUBMITTED BY					Complete (if applicable)
Name (Print/Type)	L. Scott Paynter	Registration No. (Attorney/Agent)	39,797	Telephone	(317) 634-3456
Signature	& Scary Day	de		Date	November 21, 2001

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.